



FORM FOR HOSPITALS AND NURSING HOMES

[For visual look of facilities Click here](#)

1. Name and Address : _____
2. Telephone number : _____
3. Fax Number : _____
4. E-Mail : _____
5. Website : _____
6. Indoor facilities available : _____
(Details regarding number of beds/
rooms/wards, testing and other
facilities including ICU and
emergency services etc.)
7. Outdoor facilities available : _____
(Specify speciality services
available including availability
of Ambulance etc.)
8. Name of full time and visiting : _____
doctors
(Mention qualifications, experience etc.)
9. OPD timings : _____
10. Fee structure : _____
